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The influence of stimulated recall and emotional simulation films on client growth in short-term personal counseling was evaluated at Michigan State University with nine clients from vocational rehabilitation caseloads. The two experimental groups (stimulated recall and simulated film treatment) and one control group with traditional counseling met for six, one and one-half jour sessions. Pre- and post-treatment videotapes rated by judges indicate that clients exposed to simulated treatments made significantly more progress in characteristics of client growth (owning of discomfort, commitment to change, differentiation of stimuli and different behavior); had more positive change in client behavior and therapeutic process changes (client insight, lessening of defenses, ability to experience feeling and relate to counselors, and overall therapeutic relationships); and, therefore, made more movement within counseling than did the control subjects. Subjective reports on all clients tentatively indicate that experimental subjects made better adjustments outside counseling situations and, on the basis of vocational placement rates, had a better placement prognosis than control subjects. (WR)

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EMOTIONAL SIMULATION IN PERSONAL COUNSELING:

An Application of Research Innovations in Counseling to Accelerate Client Movement

- Paul G. Schauble

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PROBLEM

Research in the area of video technology as applied to counseling has demonstrated that stimulated recall (e.g., the IPR method) can be a significant factor in the acceleration of client progress (1). Since many of the criteria used to identify movement in counseling concern the development of insight into the emotions and attitudes underlying client behavior, the IPR method has focused on providing maximum feedback to the client about his behavior within the counseling situation. A recent modification of IPR is the development of a situation in which the client is exposed to films where an actor confronts the client with varying kinds and degrees of emotion. The client's reactions to these simulated confrontations are videotaped, and a stimulated recall of his reactions provides the basis for an intensive counseling experience (2).

The purpose of this study was to evaluate the influence of IPR and simulation films on client growth in short-term personal counseling.

DESIGN

Nine clients were selected by professional staff from Division of Vocational Rehabilitation (DVR) caseloads for referral to the IPR project. Criterion for selection was that the individuals referred suffer from personal adjustment problems which substantially interfered with community service or vocational placement. No attempt was made to control for nature of disability or personal characteristics, but the DVR staff was to agree that

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prognosis for successful community placement for the client was very poor unless he received personal counseling. While these were all cases that would typically require long-term counseling, it was not practical to refer them to community agencies. Each referral was assigned a project-staff counselor and was seen for six sessions of one and one-half hours each. (Note: Some clients continued counseling beyond six sessions; but the present report concerns only the first six, since our goal was to establish the immediate effectiveness of our methods in accelerating short-term counseling.)

Three clients were assigned to each of three groups. These were:

Experimental Group I: Straight IPR recall for three sessions and simulation films with recall for three sessions.

Experimental Group II: Simulation films with recall (three sessions) and straight IPR recall (three sessions).

Control Group: Traditional counseling without any IPR intervention (six sessions).

The simulation films and straight recall were varied in the two treatment groups in order to observe any "building" effect that might occur, but both groups were compared to the control group in evaluating movement within counseling. Each group was composed of two male clients and one female client; client age ranged from 18 to 30 years.

Hypotheses

The tested hypotheses were:

H_1: The experimental subjects (Groups I and II) will make more movement within counseling than will control subjects.

H_2: The experimental subjects will make better adjustment outside the counseling relationship than will control subjects.

H_3: The experimental subjects will have a better placement prognosis than will control subjects.

METHOD

Prior to beginning the first session, a staff member met with each client and explained the facilities and the research orientation of the project. In the first through sixth sessions, the client met with his assigned counselor.

First session:

Group I: The first half-hour was conducted as a "traditional" counseling interview and was videotaped for subsequent rating. The counselor[1] then left the room; and a staff counselor, trained as an interrogator, entered and conducted a recall of the videotaped session with the client.

Group II: The first half-hour was conducted as a traditional counseling interview and was videotaped for subsequent rating. The counselor then explained the nature of the simulation films to the client, and proceeded to show one of five vignette series (which were systematically varied across clients). The client was videotaped while watching the films (which lasted no longer than 10 minutes); at the conclusion of the particular vignette series, the videotape (containing actor and client on a split screen) was replayed with the counselor conducting recall. The client's reactions to the films served as a stimulant for the remainder of the counseling session.

Group III: A one and one-half hour counseling session was conducted. The first half-hour was videotaped for subsequent rating.

1. The counselors used in this study were Ph.D. students in Counseling Psychology, enrolled in the doctoral practicum at the MSU Counseling Center.

Second and third sessions:

Followed the design of the first session for all three groups.

Fourth and fifth sessions:

Groups I and II: Reversed the designs for the first three sessions.

Group III: Continued with one and one-half hour counseling session.

Sixth session:

Groups I and II: Discussion of client reactions to films (Group I) and recall of the counseling session (Group II) were concluded after one hour; the final half-hour of the session was conducted as a traditional counseling interview. This half-hour was videotaped for subsequent rating.

Group III: A one and one-half hour counseling session was conducted; the final half-hour was videotaped for subsequent rating.

RATINGS

Three independent judges (advanced doctoral students in counseling) rated the pre- and post-treatment videotapes for all subjects. The rating scales used were developed in previous research (1,2); the first scale requires judges to compare pre- and post-treatment tapes according to four characteristics of client growth, which are:

1. The client owns his discomfort;
2. The client commits himself to change;
3. The client differentiates stimuli; and
4. The client behaves differently.

Each of these characteristics was rated on a nine-point scale:

-4	Very markedly lessened
-3	Markedly lessened
-2	Somewhat lessened
-1	Lessened a little
0	Remained the same
+1	Improved a little
+2	Improved somewhat
+3	Markedly improved
+4	Very markedly improved

In addition, the judges checked, on a five-point scale, changes in therapeutic process and client behavior from pre- to post-session. These items dealt with client insight, lessening of defenses, ability to experience feeling, ability to relate to the counselor, and overall therapeutic relationship.

RESULTS

T tests of differences between mean change rates (pre- to post-session) for the experimental and control groups, were run. There were no visible differences in ratings between the two experimental groups; they were therefore combined for comparison with the control group.

The experimental subjects were found to progress more on the four criteria -- owning of discomfort, commitment to change, differentiation of stimuli, and behaving differently -- (at the .05 level) than the control subjects. (Cf. Table I)

Table 1

Mean Ratings (for three judges) of Change in Characteristics of Client Growth from Session One to Session Six

	Exp. Group	Control Group	t
Discomfort	+0.501	-1.113	1.930*
Commit. to Change	+0.556	-0.553	2.495*
Different. of Sti.	+0.888	-0.890	2.877*
Behav. Different	+1.276	-1.113	2.967"

*sig. to .05 degree
"sig. to .01 degree

When compared to ratings of change in therapeutic process and client behavior, it was found that each subject in the experimental group either moved or remained at the same level on every variable, whereas only one of the control subjects made any positive movement or remained the same. The remaining two control subjects were rated as moving negatively on all five dimensions. (Cf. Table 2)

Table 2

Changes in Client Behavior and Therapeutic Process between Pre- and Post-Sessions by Mean Change Ratings (for three judges)

		Positive Movement	No Change	Negative Movement
1. Client ability to gain insight	Exp.	4	2	-
	Cont.	-	1	2
2. Client defenses (lowering of defenses)	Exp.	5	1	0
	Cont.	1	0	2
3. Client ability to experience feeling	Exp.	3	3	0
	Cont.	0	1	2
4. Client ability to relate to therapist	Exp.	4	2	
	Cont.	1	0	2
5. Overall therapeutic relationship	Exp.	4	2	0
	Cont.	1	0	2

DISCUSSION

Since this was a pilot study, designed to work the wrinkles out of our methodology and evaluation procedures, it was composed of a very small N. Hopefully, the experience gained from this study will result in a more systematic and efficient design for further research; however, the results reported herein should not be considered wholly conclusive. With this caution, we will attempt to describe the results we did get.

It was found that those clients exposed to the IPR treatments made

significantly more progress on the four characteristics of client growth than did control clients. This was despite the fact that our counselors had received most of their training in traditional counseling procedures and had not used IPR before this study. (This was a deliberate pre-condition for our counselors, as we wanted to observe the effectiveness of the techniques for counselors with less enthusiasm and familiarity than our regular staff.) The control sessions, then, were not "placebos" in the traditional sense of the word; rather, they allowed us to compare counseling with the IPR method to traditional counseling of a high caliber.

Judges also rated the IPR clients as having more positive change in the five variables relating to change in therapeutic process. The fact that two of the control clients actually decreased on these variables indicates that positive movement is not necessarily concommitant with counseling experience (at least in the initial stages), and lends support to the "accelerating" influence of the IPR interventions.

On the basis of these results, we accepted the first hypothesis, that "experimental subjects will make more movement within counseling than will control subjects."

Our second hypothesis -- that experimental subjects will make better adjustment outside counseling than will control subjects -- was somewhat more difficult to evaluate. We used as criteria subjective reports submitted to us by DVR staff, family, and other personal contacts of the client. Reports on four of the IPR clients were markedly favorable, treating such areas as personal satisfaction on the job (or training placement), a more suitable attitude toward the placement situation and peer and supervisory staff, and social interaction (and communication). The reports on the remaining two IPR clients did not furnish enough information on which to make

a decision concerning client movement.

Of the control subjects, on the other hand, one was reported to have made marked movement toward adjustment; the remaining two were given negative reports. To quote one of these:

> The influence of your sessions with George was nil. There was absolutely no noticeable change in behavior, unless that he has become more stubborn and obstinate.

Interestingly, this quote refers to the one control subject who was judged by raters as making progress <u>within</u> the counseling relationship. In retrospect, it appears that -- with the support of his counselor -- George was "risk-taking" in his placement situation; but this type of behavior (while possibly very healthy activity for this man) was disruptive and was received unsympathetically. The IPR treatment might have made considerable difference for this subject -- in that if he had been able to view and deal with his reactions to various interpersonal situations (simulated or within counseling), his "acting-out" behavior might have been reduced.

The final hypothesis -- that experimental subjects will have a better placement prognosis than will control subjects -- was also supported. Five out of the six clients receiving IPR counseling had been placed within a week after their sixth session, while only one of the three clients receiving counseling alone, had been placed. While we are not suggesting that contact with our project is solely responsible for vocational placement, it remains that some of these individuals had been unsuccessfully seeking placement for over a year.

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